



Impact of a Community Health Worker-Led Depression Care Model on Antiretroviral Therapy Outcomes in Rural Mozambique: A Brief Report

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Abstract

Depression is a common comorbidity among people living with HIV (PLHIV) and can negatively affect antiretroviral therapy (ART) adherence and clinical outcomes. Access to mental health services in rural Mozambique is severely limited, presenting a major barrier to comprehensive HIV care. This brief report aimed to quantify the impact of a task-shifted, community health worker (CHW)-led depression care model on key ART outcomes among PLHIV in rural Mozambique. A comparative analysis was conducted using routine programme data. Outcomes for PLHIV enrolled in the integrated CHW-led depression care programme were compared with a matched cohort receiving standard HIV care alone. Primary outcomes were ART adherence, measured by pharmacy refill data, and viral load suppression. Participants receiving the integrated CHW-led depression care demonstrated a 15% higher rate of optimal ART adherence compared to the standard care cohort. Viral load suppression rates were also higher in the intervention group. Integrating a CHW-led depression care model into existing HIV services in a low-resource, rural setting appears feasible and is associated with improved ART adherence and viral suppression. Programme planners and policymakers should consider scaling up and formally evaluating integrated, task-shifted mental health support within community-based HIV care programmes in similar settings. HIV, depression, task-shifting, community health workers, antiretroviral therapy adherence, Mozambique, integrated care This report provides preliminary evidence from a real-world programme supporting the integration of mental health care into chronic disease management in a resource-constrained African setting.

Keywords: *HIV, depression, antiretroviral therapy adherence, community health workers, sub-Saharan Africa, mental health integration*

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